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FILED

DEC 10 2008

BOARD OF PHARMACY

By: Megan Cordoma
Deputy Attorney General
Tel. No. (973) 648-3453

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF PHARMACY

IN THE MATTER OF THE SUSPENSION	:	Administrative Action
OR REVOCATION OF THE LICENSE OF	:	
	:	
Pravin Patel, R.P	:	
License No. RI023260000	:	INTERIM
	:	
TO PRACTICE PHARMACY IN THE STATE	:	CONSENT ORDER
OF NEW JERSEY	:	
AND THE PERMIT OF	:	
	:	
Family Pharmacy	:	
Permit No. RS00637200	:	
	:	
TO CONDUCT A PHARMACY IN THE	:	
STATE OF NEW JERSEY	:	

This matter was opened to the New Jersey State Board of Pharmacy ("Board") upon receipt of information alleging that Pravin Patel, R.P. ("respondent") improperly dispensed controlled substances on numerous occasions beginning in or before January 2006 until the present at Family Pharmacy. Respondent is the sole owner and permit holder for Family Pharmacy, located in Lindenwold, New Jersey. On or

about November 10, 2008, Respondent voluntarily agreed that Family Pharmacy would no longer dispense oxycontin and methadone and that Family Pharmacy would call the prescribing physician regarding all prescriptions for drugs containing oxycodone to confirm the validity of the prescription.

It appearing that respondent wishes to voluntarily enter into an interim agreement without making admissions and in lieu of proceedings to temporarily suspend his license pursuant to N.J.S.A. 45:1-22, and it further appearing that the Board finds the within disposition adequately protective of the public health, safety and welfare, and other good cause having been shown:

IT IS THEREFORE ON THIS 10th DAY OF DECEMBER 2008,

ORDERED AND AGREED THAT:

1. Respondent, Pravin Patel, R.P., is hereby granted leave and shall surrender his license to practice pharmacy in the State of New Jersey effective December 8, 2008 and until further order of the Board.

2. Effective December 8, 2008, Respondent shall cease and desist from engaging in the practice of pharmacy, which includes, but is not limited to the following: respondent shall not handle, order, inventory, compound, count, fill, refill or dispense any drug; he shall not handle anything requiring a prescription, including devices and medications; he shall not handle prescriptions; he shall not advise or consult with patients, and he is prohibited from being present within any area of a pharmacy which is not open to the general public, including, but not limited to a prescription filling area of a

pharmacy, except as permitted by paragraph three (3) of this Order.

3. Upon 48 hours advance notice to Joanne Boyer, Executive Director of the Board, respondent shall be allowed to be present in areas of the Family Pharmacy not open to the general public when he is showing the pharmacy to prospective buyers. Advance notice shall be in include the proposed date, time and expected duration of respondent's presence in the pharmacy. Advance notice shall be made by fax and confirmed by telephone with Executive Director Boyer or her designee.

4. Respondent shall surrender his original wall certificate, his wallet certificate and his most recent renewal card of his license to the Executive Director of the Board immediately upon the entry of this Order by mailing same to Joanne Boyer, Executive Director, Board of Pharmacy, P. O. Box 45013, Newark, New Jersey 07101.

5. Respondent and Family Pharmacy shall continue to not dispense Oxycontin and methadone. However, after respondent has surrendered his license pursuant to the terms of this Order, Family Pharmacy may dispense methadone, Oxycontin, and drugs containing Oxycodone provided that the following requirements are met:

- a. Prior to dispensing methadone, Oxycontin and any drug containing Oxycodone, the registered pharmacist-in-charge, or his designee, shall call the office of the prescribing doctor to confirm the validity of the prescription. The name of the person who verifies the prescription shall be recorded on the prescription together with the date and time of the conversation.
- b. Copies of the front and back of every prescription for methadone and Oxycontin and any drug containing Oxycodone which is dispensed by Family Pharmacy shall be sent once each week via certified mail to Joanne Boyer, Executive Director, Board of Pharmacy, P. O. Box 45013, Newark, New Jersey 07101.

6. On or before February 10, 2009, Respondent, Pravin Patel, R.P., shall discontinue business or sell Family Pharmacy to a Board approved purchaser. For the purposes of the within Order, Board approved purchasers shall include a publicly or privately held company that is not owned in whole or part by an individual who is related to respondent by marriage or sanguinity, or a private individual who is not related to respondent by marriage or sanguinity.

7. In the event that Respondent is unable to sell Family Pharmacy on or before February 10, 2009, Respondent is hereby granted leave and shall surrender his permit to operate Family Pharmacy, permit number RS00637200 in the State of New Jersey to the Executive Director of the Board on or before February 10, 2009, by mailing same to Joanne Boyer, Executive Director, Board of Pharmacy, P. O. Box 45013, Newark, New Jersey 07101.

8. Nothing contained herein shall be deemed an admission of liability on the part of the Respondent with regard to the improper dispensing of controlled substances as described above.

9. The entry of the within Order is without prejudice to the further investigation and/or prosecution of any violations by respondent of any statutes or regulations governing the practice of pharmacy in the State or any violations of law, by the Board, the Attorney General or any other regulatory or law enforcement agency, including but not limited to any pending matters under investigation.

10. Nothing herein shall preclude the Board from initiating further disciplinary action based upon the conduct relating to the improper dispensing of controlled substances at Family Pharmacy.

11. Prior to consideration of any application for reinstatement of his license to practice pharmacy in the State of, respondent shall appear before the Board and demonstrate competency and fitness to practice pharmacy.

NEW JERSEY STATE BOARD OF PHARMACY

By: Edward McGinley R.P.
Edward McGinley, R.P.
President

I have read the within Order,
understand its terms and agree
to be bound by them. I
consent to entry of the Order
by the Board of Pharmacy.

Pravin Patel
Pravin Patel, R.P.
Respondent

Dated: 12-4-08

Consent as to Form and Content

Pamela Mandel
Pamela Mandel, Esq.
Attorney for Respondent

Dated: 12/8/08



THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Pharmacy

HAS LICENSED

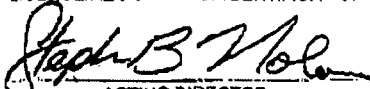
PRAVIN K. PATEL
17 MAISON PLACE
VOORHEES NJ 08043-4192

FOR PRACTICE IN NEW JERSEY AS A(N): Pharmacist

03/07/2007 TO 04/30/2009
VALID


Signature of Licensee/Registrant/Certificate Holder

28R102326000
LICENSE/REGISTRATION/CERTIFICATION #


ACTING DIRECTOR